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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none Btz 8/25/07*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none Btz 8/25/07*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 09/26/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Brunelidon</i> Examiner's Signature	<i>pts</i> Initials			

## ADDRESS

36802

## TITLE

System and method for determining cardiac geometry

<b>FILING FEE RECEIVED</b> 1148	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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